

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 360	
County <u>Cochise</u>	District <u>Douglas</u>	County Registered No. <u>233</u>	
Town <u>Douglas</u>	Or City <u>Douglas</u>	Local Registrar's No. <u>61</u>	
No. <u>908</u>		St. <u>17th</u>	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Ella James</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>White</u>	DATE OF DEATH <u>May 20</u> 191 <u>4</u>	
	<u>Indian</u>	(Month) (Day) (Year)	
	<u>Black</u>		
	<u>Chinese</u>		
	<u>Mexican</u>		
DATE OF BIRTH <u>Mar 22</u> 18 <u>96</u>	<u>Single</u>	I hereby certify, that I attended deceased from <u>May 19</u> 191 <u>4</u> to <u>May 20</u> 191 <u>4</u> ; that I last saw her alive on <u>May 19</u> 191 <u>4</u> , and that death occurred on the date stated above at <u>7 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Endocarditis</u>	
	<u>Married</u>		
	<u>Widowed</u>		
	<u>Or Divorced</u>		
AGE <u>18</u> yrs. <u>2</u> mos. <u>28</u> days	If less than 1 day	(Duration) <u>2 1/4</u> yrs. <u>14</u> mos. <u>14</u> days	
	hrs., or min.	Was disease contracted in Arizona? <u>Yes</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u>		If not, where? <u>East India</u>	
(b) General nature of industry, business, or establishment in which employed or (employer)		CONTRIBUTORY (Duration) <u>2 1/4</u> yrs. <u>14</u> mos. <u>14</u> days	
BIRTHPLACE (State or country) <u>Arizona</u>		(Signed) <u>F. W. Randall</u>	
NAME OF FATHER <u>William</u>		<u>5/22/1914</u> (Address) <u>Douglas Ariz</u>	
BIRTHPLACE OF FATHER (State or country) <u>Not known</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
MAIDEN NAME OF MOTHER <u>Carry McTear</u>		LENGTH OF RESIDENCE	
BIRTHPLACE OF MOTHER (State or country) <u>Texas</u>		At place of death <u>8</u> yrs. <u>2</u> mos. <u>28</u> ds. In Arizona <u>18</u> yrs. <u>2</u> mos. <u>28</u> ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Former or Usual Residence	
(Informant) <u>Wm James</u>		Filed	
(Address) <u>Douglas</u>		June 5, 1914 F. W. Randall	
PLACE OF BURIAL OR REMOVAL <u>Douglas</u>	DATE OF BURIAL OR REMOVAL <u>May 22</u> 19 <u>14</u>	Local Registrar	
UNDERTAKER <u>Will Fugue</u>	ADDRESS <u>Douglas</u>	per E. S. <u>Chambers</u>	
		County Registrar	